



APPLY  
POSTAGE  
HERE

**AIR UNIVERSITY REGISTRAR  
60 SHUMACHER AVENUE  
MAXWELL AFB AL 36112-6337**

<b>AFIADL ENROLLMENT APPLICATION</b> (TYPE or PRINT clearly. Fill out in accordance with instructions in the AFIADL Catalog.)											
<b>PRIVACY ACT STATEMENT</b> 1. AUTHORITY: 44 USC 3101; 10 USC 8012; EO 9397. 2. PRINCIPLE PURPOSE: Used for individuals to provide information to AFIADL for enrollment in a specific correspondence study course. 3. ROUTINE USE: To provide AFIADL course enrollment. 4. DISCLOSURE: Voluntary. However, If information is not provided, enrollment cannot be accomplished.											
1. AFIADL COURSE NUMBER				2. SOCIAL SECURITY ACCOUNT NUMBER				3. IDENTITY CODE? CATEGORY			
<div></div> <div></div> <div></div> <div></div> <div></div> <div></div>				<div></div> <div></div> <div></div> <div></div> <div></div> <div></div>				<div></div> <div></div> <div></div> <div></div> <div></div> <div></div>			
4. NAME (Last, First Middle Initial)						5. PAY GRADE		6. REASON FOR ENROLLMENT - CODES			
<div></div> <div></div> <div></div> <div></div> <div></div> <div></div>						8. TCO PHONE (DSN)		L <input type="checkbox"/> MANDATORY N <input type="checkbox"/> VOLUNTARY			
						9. COURSE TITLE					
						10. SIGNATURE AND TITLE OF APPROVING OFFICIAL					
ZIP CODE		<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>				SIGNATURE					
9. ZIP CODE/SHRED OF TEST CONTROL FACILITY						TITLE					
<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>											